

## Asthma Action Plan

Request for administration of medication in school  
This Asthma Action Plan meets NJ Law NJSA18A:40-12.3 and 12.8

Patient Name \_\_\_\_\_ Grade in Sept \_\_\_\_\_

**Diagnosis:**  Asthma     Reactive Airway Disease     Exercise Induced Asthma

**Triggers:** Viral Infection    Exercise    Allergens    Extreme Weather changes/cold air

**I have prescribed the following medication for the above named student:**

- Albuterol 2 puffs                       with spacer                       1 vial via nebulizer
- ProAir 2 puffs                             with spacer
- Proventil 2 puffs                         with spacer
- Ventolin 2 puffs                          with spacer
- Xopenex 2 puffs                          with spacer                          1 vial in nebulizer \_\_\_\_\_dose
- Maxair 2 puffs

**When needed:** for cough, wheeze, shortness of breath and colds – give every 4 hours as needed.

May use 15-30 minutes prior to exercise as needed.

Can be repeated every 30 minutes for a total of 3 treatments.

**Side Effects:** increased heart rate, facial flushing, jitteriness

\_\_\_\_\_Independently – The child has been trained and is proficient in self administering of medication via the metered dose inhaler (MDI).

\_\_\_\_\_Under the supervision of the school nurse or designated representative.

Students should have access to their inhalers for school trips.

**Medication should be:**  stored in the health office

in the possession of the student

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Stamp: